


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>	Docket Number (Optional) M4065.0774/P774-A
Application Number      10/774,603-Conf. #1683	Filed      February 10, 2004
For INTERPOLATOR FOR A CMOS IMAGE SENSOR USING A DIGITAL REGISTER	
Art Unit      2622	Examiner      N. D. Hernandez
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):	
<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130      \$5      \$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490      \$245      \$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110      \$555      \$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730      \$865      \$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350      \$1175      \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1073</u> . <b>WARNING:</b> information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	
I am the <input type="checkbox"/>	applicant/inventor.
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>28,371</u>
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>                </u>
 Signature	<u>May 14, 2009</u> Date
<u>Thomas J. D'Amico</u> Typed or printed name	<u>(202) 420-2232</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
<input type="checkbox"/> Total of <u>1</u> forms are submitted.	